

IN HOME CARE/BASIC GRANT PROGRAM COMPONENT REPORT/REQUEST

Michigan Department of Human Services

One of these forms must be completed for **EACH** In Home Care or Basic Grant Service component for which there was State Reimbursement during the past Fiscal Year or proposed for next fiscal year as a new, revised, or continued component.

| | | |
|------------------------|--|---|
| Component Title | CHECK ONE <input type="checkbox"/> IN HOME CARE <input type="checkbox"/> BASIC GRANT | Time Period Covered FROM: _____ THRU: Oct. 1, _____ Sept. 30, _____ |
| Component Manager Name | Administrative Unit <input type="checkbox"/> COURT <input type="checkbox"/> DHS | Telephone Number () - - - |

I. PROGRAM SPECIFIC INFORMATION: Check all that apply.

| | |
|--|--|
| 1. COMPONENT STATUS <input type="checkbox"/> CONTINUED <input type="checkbox"/> TERMINATED <input type="checkbox"/> REVISED <input type="checkbox"/> NEW | |
| 2. TARGET POPULATION(S) SERVED <hr/> A. Children Under Jurisdiction of Court <input type="checkbox"/> DELINQUENT <input type="checkbox"/> NEGLECT <hr/> B. Children NOT Under Jurisdiction of Court <input type="checkbox"/> WRITTEN COMPLAINT <input type="checkbox"/> CPS category I or category II <input type="checkbox"/> CHILDREN LIKELY TO COME UNDER JURSDICTION OF THE COURT | |
| 3. AREA(S) OF INTENDED IMPACT – (Check primary area(s) only.) A REDUCTION IN: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Number of Youth Petitioned <input type="checkbox"/> Number of Adjudications <input type="checkbox"/> Number of Days of Family Foster Care </div> <div style="width: 50%;"> <input type="checkbox"/> Number of Days of Out-of-Home Detention <input type="checkbox"/> Number of Days of Shelter Care <input type="checkbox"/> Number of Days of Residential Treatment Care <input type="checkbox"/> Number of State Wards Committed (Act 150 & 220) </div> </div> | |
| 4. SERVICE FOCUS <input type="checkbox"/> Provide early intervention to treat within the child's home <input type="checkbox"/> Effect early return from foster or institutional care | |

II. SERVICE AND COST INFORMATION FOR FISCAL YEAR COMPLETED OR BEING REQUESTED FOR NEXT FISCAL YEAR:

INSTRUCTIONS:

- In columns 6 & 7 enter the actual number and cost's (year-to-date and projections if fiscal year is not complete).
- In columns 8 & 9 enter the numbers and costs projected for the next fiscal year.

| | Time Period Reported Oct. 1 thru Sept. 30 | | Time Period Reported Oct. 1 thru Sept. 30 | |
|--|---|----------------|---|-------------------|
| 5. | 6. ACTUAL NUMBER | 7. ACTUAL COST | 8. PROJECTED NUMBER | 9. PROJECTED COST |
| A. Number of Youth/Family Served | | | | |
| B. Number of Service Units (Define Service Unit =) | | | | |
| C. Total Component Cost | | | | |
| D. Average Cost Per Unit | | | | |
| E. Average Cost Per Youth/Family | | | | |

AUTHORITY: P.A. 87 of 1978.
 COMPLETION: Is required.
 CONSEQUENCE FOR NONCOMPLETION: Child care funds will not be reimbursed.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

III. IMPACT EVALUATION – Must be completed for continuing or ending components and should correspond to areas of intended identified in Section 1.3.

| AREAS OF IMPACT | 10. NUMBER OF YOUTH SERVED | ESTIMATED REDUCTIONS | |
|---------------------------------------|----------------------------|----------------------|-----------|
| | | 11. NUMBER'S OR DAYS | 12. COSTS |
| A. Youth Petitioned | | | |
| B. Adjudications | | | |
| C. Days of Family Foster Care | | | |
| D. Days of Out-of-Home Detention | | | |
| E. Days of Shelter Care | | | |
| F. Days of Residential Treatment Care | | | |
| G. State Wards Committed | | | |

IV. PROGRAM ASSESSMENT/EVALUATION:

For ALL Components in effect during the most recent fiscal year this section must be completed

13. Assess strengths, weakness' and problem areas of this component. Assess the intended impact areas and results. Explain the reason(s), or cause(s) for the difference between the projected No.'s and cost and the actual. Account for all youth served by this component.

V. PROGRAM DESCRIPTION – Must be completed for **all** components, except those being terminated, **each year**.
(Narrative may be attached)